

# YELLOW MEDICINE COUNTY

## A.W.A.I.R. POLICY

### SECTION IV – ACCIDENT/INCIDENT INVESTIGATION

#### I. GENERAL

- A. The AWAIR law requires that the safety and health program describe how workplace accidents/incidents (accidents) will be investigated and corrective actions implemented. Investigating accidents is a responsibility of all levels of management and a concern of every employee. The principal investigator should be the employee's supervisor or other designated person who best knows the process, equipment, and department. The supervisor or designee should be familiar with Minnesota OSHA rules on accident reporting and record-keeping requirements and be trained in accident investigation.
- B. An accident can suddenly create a needless, costly disruption in operations. A supervisor can help prevent a recurrence by conducting a thorough accident investigation. All loss-producing accidents (such as OSHA - recordable, repetitive motion injuries, back injuries, property, liability and automobile) should be investigated.
- C. It is the policy of Yellow Medicine County to investigate all accidents that are the result of actions involving employees requiring no treatment, first aid only, doctor's care, restricted work activity, accidents involving property or liability, and lost time or near miss. This also would include injury or potential injury to persons not employed by the county but injured on county property.
- D. At a minimum, all accidents and illnesses that qualify as being reportable to Minnesota OSHA should be investigated. It is best to also investigate "near misses" and repetitive first aid cases, since these are often predecessors to a reportable accident. A timely investigation of a near miss, followed up by good corrective action, can prevent a serious accident.
- E. Effective corrective action should be implemented based on the information collected during the accident investigation process.

#### II. PURPOSE

- A. The accident investigation process is *not to "fix blame"* but to assure minimal injuries, collect recent data, and determine what corrective action must be taken to prevent similar accidents. The purposes of investigation are:
  - 1. Determine the causes of the accident.
  - 2. Identify and eliminate a hazard.

3. Discover a deviation from standard procedure.
  4. Make a recommendation to management to correct hazards and causes.
  5. Provide technical assistance where it is needed.
- B. The purpose of this procedure is to determine the cause(s) and identify the actions to be taken to control losses.

### **III. APPLICATION**

- A. This procedure is applicable to all departments and to those accidents that result in injury, loss of life, loss of property, or claims of General Liability.
- B. The basic steps of this procedure that pertain to the investigation of the cause of the accident should also be practiced for those accidents which result in less serious injuries and/or damage to property as identified in the operating policy.

### **IV. RESPONSIBILITIES**

*(For every accident to be investigated, every accident must be reported)*

A. Department Manager:

1. Insure that accident investigation training is complete for supervisors, new employees, and reviewed regularly by all employees in the department
2. Partake in the accident investigation process when appropriate
3. Review the investigation form of other accidents in the department
4. Implement the corrective action of all accidents in the department
5. Insure that corrective action is completed in a timely fashion
6. Follow-up on corrective action when appropriate or when required by the accident investigation process *(See Accident Investigation Forms, Attachments 1 through 5)*

B. Safety Officer:

1. Take part in the review of all major injuries and losses
2. Assist and/or advise as to the corrective action
3. Partake in the follow up of the corrective action when necessary
4. Monitor implementation of corrective action.

C. Supervisor:

Supervisors are involved because they know the people and equipment better than anyone other than the employee.

1. Insure that new employees and seasonal employees are trained on their accident investigation responsibilities. This should include all accidents no matter how small, and should include "near miss incidents"
2. Investigate accidents of employees reporting to them

3. Insure that corrective action is completed in a timely fashion and follow up when necessary

D. Employee:

1. Report accidents to supervisor as soon as possible
2. Participate in the accident investigation process
3. Adhere to changes that may be the outcome of the accident investigation process in the form of corrective action

## V. DEFINITIONS

A. Accident:

An unplanned, undesired event, not necessarily resulting in an injury, but resulting in damage to property and/or interruption of the activity in progress. (National Safety Council)

B. Accident Investigation:

An accident investigation is basically the supervisor's analysis and account of an accident based on factual information gathered by a thorough and conscientious examination of all factors involved. It is not a mere repetition of the employee's explanation of the accident. True accident investigation includes the objective evaluation of all facts, opinions, statements, and related information, including definite action steps to be taken to prevent a recurrence.

C. Classifications of accidents:

1. **Lost Time Cases:** are those that result in lost workdays. That is, the employee could not perform all or any part of his normal assignment during all or any part of the workday or shift, because of the occupational injury or illness. Cases without lost workdays which result in transfer to another job, termination of employment, involve loss of consciousness, or restriction of work or motion are included in this classification.
2. **Doctor's Care:** includes treatment administered by a physician or by registered professional personnel under the standing orders of a physician. Medical treatment does not include first aid treatment even though provided by a physician or registered professional personnel.
3. **First Aid Only:** is any one-time treatment, and any follow-up visit for the purpose of observation, of minor scratches, cuts, burns, splinters, and other minor injuries, which do not ordinarily require medical care. Such one-time treatment, and follow-up visits for the purpose of observation, is considered first aid only, even though provided by a physician or registered professional personnel.

4. **The Near Miss:** is a category of accident/incident which did not result in bodily injury to an employee or non-employee, or property loss to the employer but had a potential of severe injury, fatality, major property loss or major liability claim.

D. Accident Investigators:

1. **Lost Time:** This classification of accident should be investigated by the supervisor to whom that employee reports, and the specific department manager of the department that the employee works in. Corrective action should be identified and implemented as soon as possible. The Administrator and Safety Officer should review the report as soon as possible.
2. **Doctor's Care:** This type of injury should be investigated by the individual supervising that employee, and upon completion of the accident investigation, the department manager should immediately review the report.
3. **First Aid Only:** A First Aid Log should be completed and kept by the department manager or designated person, reviewed at least annually, and should be completed by the supervisor that the employee reports to. A summary of first aid reports should be routed to the Safety Officer as needed or at least annually.
4. **Near Miss:** Near miss reports should be completed by the supervisors of the employees involved, or the individual responsible for the property involved, following the procedure described in A through C above.

## VI. CONDUCTING THE INVESTIGATION

- A. The nature and severity of the injury or accident will determine what information is to be gathered and the routing of the completed investigation report. In the case of injury to an employee, the Accident/Incident Investigation Report form (*Attachment 1*) and process should be completed by the individual that the injured employee reports to. In the case of liability and property losses, the appropriate supervisor and/or manager of the facility should complete the Accident/Incident Investigation Report forms (*Attachments 1 through 5, as applicable*).
- B. All appropriate forms such as the OSHA-300 Log, OSHA-301 or equivalent, and internal accident investigation forms should be completed as soon as possible, because the reliability of information declines quickly after the accident. The only situations which should be permitted to delay the investigation are when medical treatment is needed or when the worker is emotionally upset. As soon as the physical situation has been stabilized and any injured persons have been cared for, you should begin the investigation at the accident scene. *The accident investigation report should be completed within 24 hours. Reports for near misses should be completed within 48 hours. "First Report of Injury" forms should be completed immediately for transmittal to workers compensation insurance. A copy of these forms should be forwarded to the Safety Officer so information can be included on the appropriate OSHA forms.*

C. Using the attached forms, conduct a thorough investigation by completing these four steps:

1. Gather all related information
2. Analyze the information
3. Determine what corrective action must be taken to prevent a future accident, and
4. Take corrective action

D. The first step in the investigation process is to gather all of the information you need to answer these questions:

- a. *Who* was involved?
- b. *What* happened?
- c. *Where* did it happen?
- d. *When* did it happen?

At this point don't try to answer WHY the accident occurred. If you conclude WHY before you have gathered all of the available information, you may not learn about less obvious, yet vital, facts which could prove important in determining what corrective action must be taken.

1. You may encounter employees or witnesses who are reluctant to talk about what happened because they fear being reprimanded, fear placing the blame on a fellow worker, or fear getting involved in an investigation. In spite of their reluctance and fears, you still must get the relevant information. The interviewing techniques in *Attachment 6* are proven and can increase the chances of getting the desired information. The questions in *Attachment 7* will help you collect the technical data.
2. Studying the Accident Scene. When conducting the investigation, you can learn much by studying the accident scene. Damaged equipment may show signs of wear. Marks on damaged materials may indicate that a particular job was done without proper concern for prescribed procedures. Studying the environment may indicate that lighting, air ventilation or other conditions were at least partially responsible for the accident.

E. Analyze the Information. One of the hardest parts of accident investigation is determining the "true" cause. Two accident causes can be identified as immediate and basic.

1. The immediate cause is usually the most apparent and the "closest" to the accident. An example of an immediate cause might be the electrical extension cord which tripped a worker. Identifying only the immediate cause of an accident is the most common failure of accident investigations.

2. By "back tracking" from the immediate cause of the accident, you might find the basic or fundamental cause. This is the "real" or "actual" cause of an accident and is not nearly so easy to pinpoint as an immediate cause. In the example of the extension cord, for instance, your "back tracking" might reveal:
  - a. The cord was across the walkway because it was not connected to its regular outlet.
  - b. It was not connected to the regular outlet because that outlet was broken.
  - c. The regular outlet was broken because it was struck by material being unloaded from a truck.
  - d. It was struck by the face of an I-beam column.
3. "Back tracking" reveals the basic or real cause of the accident and allows it to be corrected by moving the outlet to a protected location between the sides of the column. There could have been other contributing factors in this example, such as the mental distraction of the worker who tripped because he was reading a work order as he walked. These should also be included in the investigation and properly dealt with.

#### F. Determine the Corrective Action

1. The Written Report
  - a. An accident investigation report is just what its name implies, the report of an accident investigation. The form is completed as a record of the accident investigation.
  - b. Report forms will ask:
    - i. *Who had the accident?*
    - ii. *When did it happen?*
    - iii. *Where did it happen?*
    - iv. *What is the occupation of the person involved?*
    - v. *What inflicted the injury or damage?*
    - vi. *Who had the most control of what inflicted the injury or damage?*
    - vii. *What happened?*
    - viii. *What things caused the accident?*
    - ix. *How can the accident be kept from happening again?*
2. An area to pay close attention to is the corrective action section. If all of the facts are determined to be good, then the corrections often suggest themselves. Accurate information yields good decisions. Distinguish between intermediate action and permanent action.

- a. Intermediate measures are ones that can be taken immediately to reduce the hazard. These "stop-gap" measures are usually ones which can be taken by the supervisor. They are extremely important because they not only reduce the hazard potential immediately, but also have a pronounced effect on employee morale. Some type of intermediate action can usually be taken for every unsafe condition. They are prime evidence of a conscientious supervisor.
  - b. Permanent actions are those taken to correct accident causes permanently. They may require more time to accomplish and may require the action of higher management. The supervisor must be sure to follow up on these permanent measures to be sure they are done. One way of expediting these corrections is to establish a priority for them (See Hazard Classification and Prioritization, Sec II).
3. Be sure to describe the actions already taken when writing your report. Give dates and times for other actions to be completed. Do not spoil an accurate, conscientious investigation and report with a weak, generalized prevention measure such as "warned the employee to be more careful," or "told the employee to watch what they are doing in the future." This destroys the effectiveness of the best written report.

#### F. Take Corrective Action

1. Corrective action is identified in numerous places in the accident investigation process. This corrective action should be identified by the individual completing the accident investigation. In cases where higher authority is needed to make corrective action, the Accident/Incident Investigation Form, when completed, should be routed to that individual. Also where department managers review Accident/Incident Investigation Reports, they should ensure that they are in agreement with the corrective actions to be taken.
2. Corrective actions can be, but are not limited to, training or retraining of employees, training or retraining of supervisors, establishing new operating procedures, correcting or changing existing operating procedures, repair of equipment, the purchase and implementation of personal protective equipment and many other types of activities.
3. When developing a corrective action process, it would be appropriate that this process be done in a step by step fashion and the Accident/Incident Investigation Report be used in this development process. Items to be considered in the corrective action process should be,
  - a. *What* is going to be corrected?
  - b. *How* it is going to be corrected?
  - c. *Who* is going to correct this?

- d. *When* is this corrective action expected to be completed.
4. Following the implementation of the corrective action process, at some time in the future, i.e. 6 or 12 months, the corrective action should be reviewed to ensure that it is accomplishing the desired result.

**NOTE: See additional files for fillable, PDF versions of the forms shown below.**

# YELLOW MEDICINE COUNTY - ACCIDENT/INCIDENT INVESTIGATION REPORT

(to be completed immediately after accident/incident, even where there is no injury)

NAME OF INJURED EMPLOYEE \_\_\_\_\_ DEPT. \_\_\_\_\_

Unit \_\_\_\_\_ Job Title \_\_\_\_\_ Years Service \_\_\_\_\_ Time on Present Job \_\_\_\_\_ Age \_\_\_\_\_

Date Injured \_\_\_\_\_ Hour \_\_\_\_\_ A.M./ P.M. Time Started Work That Day \_\_\_\_\_

Date Received Medical Treatment/Location \_\_\_\_\_

Description of Injury \_\_\_\_\_

Severity of Injury: (check appropriate box and give brief explanation)

- ☐ First Aid Only \_\_\_\_\_
- ☐ Doctor's Care \_\_\_\_\_
- ☐ Lost Time \_\_\_\_\_
- ☐ Near Miss \_\_\_\_\_

Description of how Incident occurred: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What causative agent was most directly related to incident?

(Object, Substance, Machine, Conditions) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What unsafe conditions existed at time of incident? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What unsafe act by injured and/or others contributed to incident?

(Improper Attitude, Safety Rules, Unsafe Position or Posture, Using Unsafe Equipment, etc.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## JOB SAFETY ANALYSIS

Is there a JOB SAFETY ANALYSIS YES ☐ NO ☐

If YES, was the analysis used in training this employee? YES ☐ NO ☐

Does analysis need revision? YES ☐ NO ☐

If so, by what date will it be revised? \_\_\_\_\_

Was injured using required personal protective equipment? YES ☐ NO ☐

Have similar incidents like this occurred in this department within the past year? YES ☐ NO ☐

If YES, what corrective action was taken at that time and way wasn't the corrective action effective?

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WHAT CAN BE DONE TO PREVENT A RECURRENCE OF THIS TYPE OF INCIDENT?

(List action plan in step sequence.)

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Who will take this action? \_\_\_\_\_

Witnesses to Incident \_\_\_\_\_

Incident Investigation Committee: \_\_\_\_\_

Date Prepared \_\_\_\_\_

SIGNATURE OF SUPERVISOR

#### DEPARTMENT MANAGER'S APPRAISAL AND RECOMMENDATIONS

In your opinion, what action on the part of injured person or others contributed to this injury?

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Was there compliance with proper job procedures and facilities maintenance? \_\_\_\_\_

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Recommendation: \_\_\_\_\_

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How will you insure that the plan of action to prevent or control recurrences is implemented?

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Date \_\_\_\_\_

SIGNATURE OF DEPARTMENT MANAGER

#### SAFETY OFFICER REVIEW

Comments: \_\_\_\_\_

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Date \_\_\_\_\_

SIGNATURE OF SAFETY OFFICER

Is review and follow-up analysis on corrective action required? YES ☐ NO ☐

If yes, outcome \_\_\_\_\_

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If work order or repairs needed, date completed \_\_\_\_\_

Comments: \_\_\_\_\_

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# **NON-EMPLOYEE ACCIDENT INJURY REPORT**

**Minnesota Counties Insurance Trust**

100 Empire Drive #100

St. Paul, MN 55103-1885

Fax: (651) 209-6494

County Name	_____	Age	_____
Address	_____	Marital Status	_____
City	_____	State	_____ Zip _____
Occupation	_____	Telephone #	_____

## **STATEMENT**

Date \_\_\_\_\_ Time \_\_\_\_\_ A.M. P.M.

Location (Bldg/Room) \_\_\_\_\_

\_\_\_\_\_ Indoors \_\_\_\_\_ Outdoors \_\_\_\_\_ Other

How did accident occur \_\_\_\_\_

How was accident reported \_\_\_\_\_

What injuries resulted \_\_\_\_\_

What medical care is to be/was rendered \_\_\_\_\_

What is the name of the treating physician/hospital \_\_\_\_\_

Who was with the claimant at the time of the accident \_\_\_\_\_

What caused the accident (Activities, equipment, person, condition involved) \_\_\_\_\_

Employee receiving the above statement \_\_\_\_\_

Date \_\_\_\_\_ Claimant's Signature \_\_\_\_\_

## **SUPERVISOR/EMPLOYEE STATEMENT**

Employees who saw the accident \_\_\_\_\_


Employees description of the accident \_\_\_\_\_


Condition of the area \_\_\_\_\_


COMMENTS (Employee Opinion) \_\_\_\_\_

## **WITNESS INFORMATION**

Name	Address	Telephone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

 <b>AUTOMOBILE LOSS NOTICE</b> <b>Minnesota Counties Insurance Trust</b> 100 Empire Drive #100 St. Paul, MN 55103-1885 Toll Free: 866-547-6516 Phone: 651-209-6400 Fax: 651-209-6494				DATE (MM/DD/YY)									
COVERAGE DOCUMENT EFF. DATE		COVERAGE DOCUMENT EXP. DATE		DATE & TIME OF LOSS		PREV. REPORTED TO		CAT. #					
<b>MEMBER</b>													
NAME AND ADDRESS				MEMBER'S BUSINESS PHONE									
				PERSON TO CONTACT				WHERE TO CONTACT					
								WHEN					
				CONTACT'S BUSINESS PHONE									
<b>LOSS</b>													
LOCATION OF LOSS				AUTHORITY CONTACTED, REPORT #			VIOLATIONS, CITATIONS						
DESCRIPTION OF ACCIDENT (USE REVERSE SIDE IF NECESSARY)													
LOSS PAYEE						COLLISION DEDUCTIBLE							
<b>MEMBER VEHICLE</b>													
VEH #		YEAR, MAKE, MODEL			V.I.N.		PLATE #						
OWNER'S NAME AND ADDRESS						PHONE							
DRIVER'S NAME AND ADDRESS				RESIDENCE PHONE		BUSINESS PHONE							
RELATIONSHIP TO MEMBER		DATE OF BIRTH		DRIVER'S LICENSE #		PURPOSE OF USE		USED W/ PERMISSION?					
DESCRIBE DAMAGE		EST. AMOUNT		WHERE CAN VEHICLE BE SEEN? WHEN?			OTHER INS. ON VEHICLE						
<b>PROPERTY DAMAGE</b>													
DESCRIBE DAMAGE (IF AUTO, YEAR, MAKE, MODEL)				OTHER INSURANCE?		COMPANY OR AGENCY NAME & POLICY #							
OWNER'S NAME AND ADDRESS				HOME PHONE		BUSINESS PHONE							
OTHER DRIVER'S NAME & ADDRESS				HOME PHONE		BUSINESS PHONE							
DESCRIBE DAMAGE			ESTIMATE AMOUNT		WHERE CAN DAMAGE BE SEEN?								
<b>INJURED</b>													
NAME & ADDRESS		PHONE		PED.		INSURED VEHICLE		OTHER VEHICLE		AGE		EXTENT OF INJURY	
<b>WITNESSES OR PASSENGERS</b>													
NAME & ADDRESS				PHONE		INSURED VEHICLE		OTHER VEHICLE		OTHER (SPECIFY)			
REMARKS (INCLUDE ADJUSTER ASSIGNED)													
REPORTED BY				REPORTED TO				SIGNATURE OF PRODUCER OR MEMBER					

 <b>PROPERTY LOSS NOTICE</b> <b>Minnesota Counties Insurance Trust</b> 100 Empire Drive #100 St. Paul, MN 55103-1885 Toll Free: 866-547-6516 Phone: 651-209-6400      Fax: 651-209-6494		DATE (MM/DD/YY)	
COVERAGE DOCUMENT EFF. DATE	COVERAGE DOCUMENT EXP. DATE	DATE & TIME OF LOSS	PREV. REPORTED TO:
CAT. #			
<b>MEMBER</b>			
NAME AND ADDRESS		MEMBER'S BUSINESS PHONE	
		PERSON TO CONTACT	WHERE TO CONTACT
		WHEN	
		CONTACT'S BUSINESS PHONE	
<b>LOSS</b>			
LOCATION OF LOSS		POLICE OR FIRE DEPT. REPORTED TO	
KIND OF LOSS (FIRE, WIND, EXPLOSION, ETC.)		PROBABLE AMOUNT OF ENTIRE LOSS	
DESCRIPTION OF LOSS & DAMAGE (USE REVERSE SIDE, IF NECESSARY)			
MORTGAGEE, IF NONE SO INDICATE		DEDUCTIBLES	
<b>MISCELLANEOUS INFORMATION</b>			
OTHER INSURANCE (LIST COMPANIES, POLICY NUMBERS, COVERAGES & POLICY AMOUNTS)			
REMARKS			
REPORTED BY		REPORTED TO	SIGNATURE OF PRODUCER OR MEMBER

 <b>GENERAL LIABILITY LOSS NOTICE</b> (Other than Automobile or Property) <b>Minnesota Counties Insurance Trust</b> 100 Empire Drive #100 St. Paul, MN 55103-1885 Toll Free: 866-547-6516 Phone: 651-209-6400 Fax: 651-209-6494		DATE (MM/DD/YY)	
COVERAGE DOCUMENT EFF. DATE	COVERAGE DOCUMENT EXP. DATE	DATE & TIME OF LOSS	PREV. REPORTED TO
<b>MEMBER</b>			
NAME AND ADDRESS	MEMBER'S BUSINESS PHONE		
	PERSON TO CONTACT		WHERE TO CONTACT
			WHEN
	CONTACT'S BUSINESS PHONE		
<b>LOSS</b>			
LOCATION OF ACCIDENT (INCLUDE CITY & STATE)		AUTHORITY CONTACTED	PREMISES MEMBER IS (OWNER, TENANT, OTHER)
DESCRIPTION OF ACCIDENT (INCLUDE WEATHER CONDITIONS AND OTHER OBSERVATIONS)			
<b>INJURED/PROPERTY DAMAGE</b>			
NAME & ADDRESS (INJURED/OWNER)			PHONE
AGE	SEX	OCCUPATION	EMPLOYER'S NAME & ADDRESS
			PHONE
DESCRIBE INJURY	WHERE TAKEN	WHAT WAS INJURED DOING?	
DESCRIBE PROPERTY	ESTIMATE AMOUNT	WHERE CAN PROPERTY BE SEEN? WHEN?	
<b>WITNESSES</b>			
NAME & ADDRESS		BUSINESS PHONE	HOME PHONE
REMARKS			
REPORTED BY	REPORTED TO		SIGNATURE OF PRODUCER OR MEMBER

## INTERVIEWING TECHNIQUES

The following proven interviewing techniques can increase the chances of getting the desired information:

- a) ***Put the employee at ease.*** The best way of doing this is to remind them of the purpose of the interview. Remind them that you are interested only in preventing a recurrence of the accident and that you can only do this with their help. Convince them that the interview is simply a joint effort to prevent other accidents that could be more serious. A friendly and understanding manner is a necessity in gaining cooperation.
- b) ***Conduct the interview at the scene of the accident whenever possible.*** It will help the employee to explain and you to understand. Make the interview as private as you can. This will not only put the employee more at ease, but will prevent these observations and ideas from being influenced by the opinions of others. It also avoids possible embarrassment over any mistakes.
- c) ***Ask for their version of the accident.*** Be sure the employee understands you want their version just as they saw it and not "dressed up" for your benefit. Then let them tell it! Don't interrupt to clarify. If you don't understand something, wait until the employee has finished their story, then ask them.
- d) ***Ask any necessary questions.*** The key word here is *necessary*. Limit your questions to facts as much as possible, particularly early in the interview. Find out what happened, what was done and how it was done. If you must ask "why" type questions, wait until you have all other information. Why questions are likely to make the employee defensive. Naturally, all questions should be asked in a friendly, constructive manner.
- e) ***Repeat their story as you understand it.*** This will do two things. First, it will assure correct understanding by allowing the worker to be sure you understood what they meant, not just what they said. Second, it gives them a chance to hear what they said. Strangely enough, most of us do not listen to ourselves while we are talking, and this will allow the worker a chance to correct their statements.
- f) ***Close the interview on a positive note-Prevention.*** The best way to wind up the interview is by discussing actions that can be taken to prevent the accident from happening again. This reaffirms the purpose of the interview in the employee's mind and will assure further cooperation.
- g) ***These same techniques are used in interviewing a witness to an accident.*** Witnesses should be treated just as tactfully as a person involved in an accident. They "don't want to get any one in trouble" any more than a person wants to incriminate themselves. A witness does not have to be an eye-witness. They may simply be someone familiar with the circumstances involved in or to an accident. The interview should be held as soon as practical while the circumstances are fresh.

OPERATING FACTORS	MANAGEMENT CONTROLS	QUESTIONING GUIDE
P E O P L E	Placement	<b>WHO WAS INVOLVED?</b>  <i>What qualifications are necessary to perform the task?</i> <i>Who is most qualified?</i> <i>Why was this employee selected if not the most qualified?</i>
	Training	<i>What instructions or training were provided?</i> <i>What additional training is needed?</i>
	Enforcement	<i>What instructions or rules were not followed?</i> <i>What additional rules or enforcement action should be established?</i>
E Q U I P M E N T	Design and Arrangement	<b>WHAT EQUIPMENT WAS INVOLVED?</b>  <i>Why was this equipment used?</i> <i>What equipment should be used?</i> <i>What guards were or were not used?</i> <i>What arrangement problems were present?</i> <i>What additional design and arrangement controls are necessary?</i>
	Purchasing	<i>How did the quality or hazards of the equipment contribute to the loss?</i> <i>What additional purchasing controls are necessary?</i>
	Maintenance	<i>What maintenance problems were evident?</i> <i>When should maintenance be performed?</i> <i>How can maintenance be improved?</i>  <i>What Personal Protective Equipment is provided?</i> <i>When should the Personal Protective Equipment be used?</i> <i>What Personal Protective Equipment should be used?</i>
M A T E R I A L	Design and Arrangement	<b>WHAT MATERIAL WAS INVOLVED?</b>  <i>What design characteristics contributed to the loss?</i> <i>How should the material be designed?</i> <i>How was the material arranged, handled and used?</i> <i>How should the material be arranged, handled and used?</i> <i>Where should the material be arranged?</i>
	Purchasing	<i>Why was this material being used?</i> <i>What material should be used?</i>
E N V I R O N M E N T A L	Design and Placement	<b>WHAT ENVIRONMENTAL FACTORS (BUILDING, NOISE, VAPOR ILLUMINATION, ETC.) WERE INVOLVED?</b>  <i>Why was it designed and arranged this way?</i> <i>How should it be designed and arranged?</i>
	Purchasing	<i>What purchasing controls are necessary?</i>
	Housekeeping	<i>When should housekeeping be performed?</i> <i>How should housekeeping be improved?</i>
	Maintenance	<i>What maintenance problems are evident?</i> <i>When should maintenance be performed?</i> <i>How should maintenance be improved?</i>